

TRANSCRIPT ORDER				FEE PAYMENT ONLY DUE DATE:	
1. NAME Amanda C. Sheridan		2. PHONE NUMBER 602-382-6304		3. DATE 06/23/16	
4. FIRM NAME Snell & Wilmer L.L.P.					
5. MAILING ADDRESS 400 E. Van Buren Street		6. CITY Phoenix		7. STATE AZ	8. ZIP CODE 85004
9. CASE NUMBER 2:15-MD-02641-DGC		10. JUDGE Campbell		DATES OF PROCEEDINGS 11. 06/21/2016 12.	
13. CASE NAME In Re Bard IVC Filters Products Liability Litigation		14. Phoenix		LOCATION OF PROCEEDINGS 15. STATE Arizona	
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING 06/21/2016 - entire hearing	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input checked="" type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS asheridan@swlaw.com; pritchey@swlaw.com	
19. SIGNATURE s/Amanda C. Sheridan				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
20. DATE 06/23/2016					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED		DATE	BY	PROCESSED BY	
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	